

02/04/02

J0904 U.S. PTO

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PTO/SB/05 (11-00)

UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No. **416272003400**

First Inventor **Bob B. BUCHANAN, et al.**

Title **WALNUT AND RYEGRASS ALLERGENS**

Express Mail Label No. **EL 915 531 716 US**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

J0997 U.S. PTO
10/067620

02/04/02

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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Date of Deposit: February 4, 2002

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

EL915531716US

CHASE J. TROMBELLA

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g. PTO/SB/17) - 1 pg IN DUPL
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **80**]
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets **7**]
5. Oath or Declaration UNSIGNED [Total Pages **2**]
- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
- i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. ☒ Application Data Sheet. See 37 CFR 1.76 - 2 pgs

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☒ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☒ paper - 3 pgs
- c. ☒ Statements verifying identity of above copies - 2 pgs

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (where there is an assignee) ☐ Power of Attorney
11. ☐ English Translation document (if applicable)
12. ☒ Information Disclosure Statement - 3 pgs
PTO-1449 - 2 pgs w/20 refs attached ☒ Copies of IDS Citations 20
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
Should be specifically itemized
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other FEE DETERMINATION RECORD - 1 pg

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. :

Prior application information:

Examiner *

Group / Art Unit: *

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Labelor ☐ Correspondence address below

20872

PATENT TRADEMARK OFFICE

(Insert Customer No. or Attach bar code label here)

Name	MICHAEL R. WARD (Reg. No. 38,651)			
Address	MORRISON & FOERSTER LLP			
	425 Market Street			
City	San Francisco	State	CALIFORNIA	Zip Code 94105-2842
Country	U.S.A.	Telephone	415/268-6237	Fax 415/268-7522
Name (Print/Type)	MICHAEL R. WARD		Registration No. (Attorney/Agent)	38,651
Signature	Michael R. Ward		Date	February 4, 2002

FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number	To Be Assigned
Filing Date	HEREWITH
First Named Inventor	Bob B. BUCHANAN, et al.
Examiner Name	To Be Assigned
Group Art Unit	To Be Assigned
Attorney Docket No.	416272003400

TOTAL AMOUNT OF PAYMENT

(\$)**370.00**

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- Deposit Account Number: **03-1952**
- Deposit Account Name: **Morrison & Foerster LLP**
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☒ Applicant claims small entity status. See 37 CFR 1.27
2. ☐ Payment Enclosed:
- ☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	370
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)**370.00**

2. EXTRA CLAIM FEES

	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
Total Claims	16	-20** =	-0-	x	9	= \$00
Independent Claims	3	-3** =	-0-	x	42	= \$00
Multiple Dependent						= \$
	103	18	203	9	Claims in excess of 20	
	102	84	202	42	independent claims in excess of 3	
	104	280	204	140	Multiple dependent claims, if not paid	
	109	84	209	42	**Reissue independent claims over original patent	
	110	18	210	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)**-0-**

** or number previously paid, if greater; For reissues, see above.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions of the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per properties (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael R. Ward	Registration No. (Attorney/Agent)	(38,6511)	Telephone	(415) 268-6237
Signature	<i>Michael R. Ward</i>	Date	February 4, 2002		

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

416272003400

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$370.00	OR		\$740.00
TOTAL CLAIMS (37 CFR 1.16(c))	16 minus 20 =	-0-	x\$9.00	\$ -0-	OR	\$18.00	\$*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 =	-0-	x\$42.00	\$ -0-	OR	\$84.00	\$*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+\$140.00	\$*	OR	\$280.00	\$*
			TOTAL	\$370.00	OR	TOTAL	\$*

*If the different in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))		Minus		=*	x\$9.00	\$*	OR	\$18.00	\$*
Independent (37 CFR 1.16(b))		Minus		=*	x\$42.00	\$*	OR	\$84.00	\$*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$140.00	\$*	OR	+\$280.00	\$*
					TOTAL ADDIT. FEE	\$*	OR	TOTAL ADDIT. FEE	\$*

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))		Minus		=*	x\$9.00	\$*	OR	\$18.00	\$*
Independent (37 CFR 1.16(b))		Minus		=*	x\$42.00	\$*	OR	\$84.00	\$*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$140.00	\$*	OR	+\$280.00	\$*
					TOTAL ADDIT. FEE	\$*	OR	TOTAL ADDIT. FEE	\$*

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))		Minus		=*	x\$9.00	\$*	OR	\$18.00	\$*
Independent (37 CFR 1.16(b))		Minus		=*	x\$42.00	\$*	OR	\$84.00	\$*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$140.00	\$*	OR	+\$280.00	\$*
					TOTAL ADDIT. FEE	\$*	OR	TOTAL ADDIT. FEE	\$*

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.